Name of Person Filing Document: Address: City, State, Zip Code: Telephone Number: Attorney Bar Number (if applicable): Representing Self or Attorney for SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT In the matter of Guardianship of Case Number JG JUVENILE GUARDIANSHIP INFORMATION SHEET A Minor Female Male THIS FORM IS TO BE COMPLETED BY THE PETITIONER(S) AND RETURNED TO THE CLERK AT THE TIME OF FILING THE PETITION. This information is confidential and for Court use only, and is not part of the public record. DESCRIPTION OF PETITIONER Address City, State, Zip Telephone Number Date of Birth Social Security Number Passport Number Ethnicity Height Weight Color of Hair
City, State, Zip Code: Telephone Number: Representing Self or Attorney for SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT In the matter of Guardianship of Case Number JG JUVENILE GUARDIANSHIP INFORMATION SHEET A Minor Female Male THIS FORM IS TO BE COMPLETED BY THE PETITIONER(S) AND RETURNED TO THE CLERK AT THE TIME OF FILING THE PETITION. This information is confidential and for Court use only, and is not part of the public record. DESCRIPTION OF PETITIONER CO-PETITIONER Address City, State, Zip Telephone Number ()) () Date of Birth Social Security Number Passport Number Ethnicity Height Weight
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Passport Number Ethnicity Height Weight
Ethnicity Height Weight
Height Weight
Weight
Color of Hair
Color of Eyes Relationship to person(s)
to be protected
Private Fiduciary Certification or Licensing Number:
Date of birth of Minor(s): (Month/Day/Year)
Is the person you are seeking to assist a foreign national? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
If yes, please specify country:
Is the Minor(s) or a sibling of the Minor(s) involved in a Juvenile Dependency action? YES NO Will you or any person required to receive notice need a court interpreter?
will you or any person required to receive notice need a court interpreter?